PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Its Now or Never Inc. 840 South Rancho Drive, Suite 4175 ADDRESS (number and street) (Check if address is changed) Las Vegas 89106 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aj@feratepllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2013 C00519785 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Anthony J. Ferate Type or Print Name of Treasurer Anthony J. Ferate [Electronically Filed] 80 29 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

Of	ffice		For further information contact:
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0	Only		Toll Free 800-424-9530 Local 202-694-1100